
CMIPS OVERVIEW

IHSS Plus Waiver (IPW)

The IHSS Plus Waiver (IPW) was granted effective August 1, 2004 and provides federal funding through the Medi-Cal Program, for IHSS cases that meet specific IPW requirements. Prior to this Waiver the IHSS Program was provided under the following two categories:

- The Personal Care Services Program (PCSP) – Services are funded with a combination of federal (through the Medi-Cal Program), State, and County dollars;
- The IHSS Residual Program (IHSS-R) – Services for recipients who are not eligible to PCSP are funded with State and County dollars.

IPW Criteria

The individual must be determined eligible for full Federal Financial Participation (FFP) Medi-Cal and at least *one* of the following should apply:

- The spouse is the IHSS provider.
- The parent is the IHSS provider and the recipient is a minor child.
- The individual receives the IHSS Restaurant Meal Allowance.
- The individual receives Advance Payment for IHSS.

NOTE

As long as one of the above components exists in a case, the entire case will be covered under the IHSS Plus Waiver.

If a recipient is receiving personal care services from someone other than a parent or spouse, Protective Supervision and cases that are authorized domestic and related only services will receive federal funding through PCSP, not the IHSS Plus Waiver Program.

Residual IHSS (IHSS-R)

The IHSS-R Program still exists for all IHSS recipients who are not eligible for full FFP Medi-Cal (example: non-citizens under the five year ban). Cases that are not eligible for FFP but still eligible to receive IHSS will continue to be funded by the State and County and operated under the Manual of Policies and Procedures (MPP) Division 30-700 Regulations.

Phased Implementation

Changes made to the Case Management Information and Payrolling System (CMIPS) and IHSS Program changes were implemented in three phases. New phases may be added to make any necessary additions or modifications.

SHARE-OF-COST (SOC) Comparison and Buy-Out

CMIPS compares the Medi-Cal SOC and the IHSS SOC.

- MEDS provides a Monthly IHSS Renewal File containing IHSS recipient Medi-Cal eligibility information for the upcoming month, including full Federal Financial Participation (FFP) status and the Medi-Cal SOC.
- CMIPS compares the Medi-Cal SOC with the IHSS SOC. The recipients who are eligible for the SOC comparison are responsible for the lower of the two amounts.
 - To be eligible for the SOC comparison, the recipient must be eligible for full FFP Medi-Cal and “otherwise” eligible for the IHSS-R program.
- California Department of Social Services (CDSS) will pay Medi-Cal Recognized Expenses (MRE) equal to the difference between the two share-of-cost amounts. This amount is the “Buy-Out”.

EXAMPLE:

If the Medi-Cal SOC is \$500, and the IHSS SOC is \$300, the Buy-Out amount would be the difference between the two (\$200). This means the recipient is responsible for the \$300 IHSS SOC. Once the recipient pays the remaining \$300, the case is “certified” eligible for Medi-Cal purposes.

CMIPS *does not* calculate the Medi-Cal SOC; this amount is received from MEDS. The Medi-Cal Eligibility Worker is responsible for entering the correct Medi-Cal SOC into MEDS. CMIPS will continue to calculate the IHSS SOC using information entered by IHSS staff after being received from the Medi-Cal Worker.

The Buy-Out is processed once a month around the 25th. *Retrospective Buy-Out processing will not occur.* This means:

- Once the monthly Buy-Out has processed, *no additional Buy-Out processing will occur for the current month or any prior months.*
- *Recipients whose recently granted cases were not part of the monthly Buy-Out will be responsible for paying their entire Medi-Cal SOC.*
- Recipients can (if necessary) take receipts into their County Medi-Cal Office and have their Medi-Cal Eligibility Worker apply them to their Medi-Cal SOC amount.

CMIPS System Changes

State of California (SOC) Form 293

Funding Sources are indicated on the SOC 293. Case Management, Information and Payrolling System (CMIPS) IHSS aid codes have been modified, reducing the number of IHSS aid codes used to 10, 18, 20, 28, 60, and 68.

SOC 293 Aid Code Field (A3)

This field was modified to allow *only* Aid Codes 10, 20, 60, 18, 28, and 68. This is a required field and is used for IHSS tracking purposes only. IHSS recipient cases which are Supplemental Security Income/State Supplementary Payment (SSI/SSP) (Status Eligible) should be entered using Aid Codes 10, 20, or 60. All other cases should use Aid Codes 18, 28, or 68.

Medi-Cal Primary and Secondary Aid Codes

SOC 293 Field F2

The F2 field displays both the Medi-Cal Primary and Secondary Aid Codes.

- The Primary Aid Code field shows the Primary Medi-Cal Aid Code received from EDS.
- The Medi-Cal Secondary Aid Code is system generated by CMIPS.
 - The Secondary Aid Code is based on full Federal Financial Participation (FFP) eligibility and other case information.
 - *The Medi-Cal Secondary Aid Code identifies the funding source for the IHSS case.* This information is system generated when the case is granted.

Secondary Aid Codes

2L - IPW

Full FFP Medi-Cal Eligible and any one, or all of the following apply:

- Advance Pay.
- Restaurant Meal Allowance.
- A Recipient under the age of 18 with a Parent provider.
- A Recipient with a Spouse provider.

2M – PCSP

Full FFP Medi-Cal Eligible and:

- No Advance Pay.
- No Restaurant Meal Allowance.
- No Spouse provider or Parent provider for a recipient under the age of 18.

PCSP services now include Protective Supervision and cases that receive Domestic and Related Services only.

2N - IHSS-R

Not Full FFP Medi-Cal Eligible

- Must meet MPP Division 30-700 eligibility regulations.

Automatic Aid Code Updates

Primary and Secondary Aid Code fields are updated whenever a change in CMIPS or the Electronic Data System (EDS) occurs that affects either of these fields.

EXAMPLE:

- If the MEDS/IHSS Daily Response File indicates a different Medi-Cal Primary Aid Code for the current eligibility month, CMIPS will update the Primary Aid Code Field.
- If a change in the FFP eligibility occurs (shown on the Medi-Cal Eligibility Look-up [MELG] Screen), the Medi-Cal Secondary Aid Code field will be updated.

The MELG screen is detailed in the CMIPS Manual starting on page IV-D-1.

The RELA screen will display the *current* Medi-Cal Secondary Aid Code. This *may not* be the Aid Code associated with any payments made prior to the Medi-Cal Secondary Aid Code change. This is important when a case moves from:

- PCSP (2M) or IPW (2L), to IHSS-R (2N).
- From 2N to 2L or 2M.

A Medi-Cal Aid Code *may indicate* eligibility for FFP claiming, it does not necessarily mean that the recipient *is eligible* for FFP claiming.

EXAMPLE:

A recipient may have a Primary Aid Code of 1H which is eligible for FFP claiming, but still be coded an “N” for FFP on the Medi-Cal Eligibility Look-up (MELG) screen. The *recipient may not have met all the eligibility requirements*. These cases will be coded 2N (IHSS-R).

SOC 293 Share of Cost Fields

Field I1

(SOC Date and SOC IND)

CMIPS no longer allows the entry of an “E” in this field; IHSS SOC cases will always use “D”. CMIPS requires a *current* SOC date in the SOC Date field.

EXAMPLE:

Updating case information without updating the SOC date after a Cost-of-Living-Adjustment will get the “SOC DATE NOT CURRENT” edit. The SOC Date must be updated before the system will allow information to be entered.

Field K3

(Share-of-Cost) The K3 field now displays both the CMIPS calculated IHSS-R SOC and the Medi-Cal SOC received from MEDS. Both fields are system generated.

Medi-Cal Eligibility Look-Up Screen (MELG)

The MELG Screen is fully described in the CMIPS MANUAL page IV-D-2.

Important Fields to Check

FFP-Federal Financial Participation full Scope Medi-Cal – This indicates whether or not (Y-Yes or N-No) there is full federally funded Medi-Cal. All recipients with FFP = N will be assigned to the IHSS Residual Program (2N).

MES-Medi-Cal Eligibility Status

The three-digit Medi-Cal Eligibility Status:

- 501- Medi-Cal not certified
- 301- Medi-Cal Certified

LAST DT-The last date that the eligibility month information was updated by a MEDS Response Update.

This screen displays the most recent data received from MEDS.

- Information is updated by the IHSS Daily Response File.
- Up to 13 months of data may be displayed.
- The MELG screen does not store a history of changes as they occur.
- MELG does not provide any eligibility information on providers.
- Specific months can be selected by placing an “x” in S field, to the left of the eligibility month.
 - When “enter” is pressed, the Share of Cost Detail Screen displays.

Share of Cost Detail Screen

This screen displays information specific to the selected eligibility month such as:

- Medi-Cal Secondary Aid Code.
- Non-Reversed SOC amounts.
- Initial Buy-Out information.

CMIPS Online Reports - CMIPS MANUAL PAGE XIV-Index -1

The reports below are used to help with case management and alert staff to specific types of information. All reports are available through the CMIPS Online Reports website at:

<https://cmips-reports.documentportal.com/servlet/data>

Weekly Statutory Max Report - CMIPS MANUAL PAGE XIV-gg-1

Review Weekly and make corrections.

This report indicates cases where the Medi-Cal Secondary Aid Code has not been changed when:

- A parent or spouse provider is added or terminated or;
- There is a change to the recipient’s FFP status.

These changes affect the recipient’s case in the following manner:

1. The Medi-Cal Secondary Aid Code is changed from PCSP (2M) to Waiver (2L) or Residual (2N); the recipient is Non-Severely Impaired and the hours *are greater than the 195 hours Statutory Maximum*.
2. Medi-Cal Secondary Aid Code is changed from Waiver (2L) or Residual (2N) to PCSP (2M); the recipient is Non-Severely Impaired with hours *less than the 283 statutory maximum and showing unmet need*.

Important Fields to Check

AUTH HRS - The number of hours currently authorized on the recipient case.

UNMET NEED - The current unmet need on the recipient case.

Social Worker Procedure

To verify changes of the FFP, use the Medi-Cal Eligibility Look-up Screen (MELG).

- *Until action is taken to correct the case, CMIPS will not allow payment for the time period affected.*
- The Social Worker will need to review the case and adjust the authorized hours. A Notice of Action (NOA) will be produced to notify the recipient of the action.
- CMIPS will allow payment of the timesheet up to the Statutory Maximum hours.
- Remaining hours may be paid through a new special (SPEC) transaction developed to pay providers for hours worked above the Statutory Maximum.
- Before a SPEC transaction can be used, 195 hours must be paid through the TIME screen.
- The W/X 25 SPEC transaction will allow Public Authority to make payment for hours worked in excess of the Statutory Max. This will allow payment to the IP when a client did not receive a timely Notice of Action. This is not a permanent process.
- Up to 283 hours may be paid until the recipient receives a timely IHSS NOA.

Non-Severely Impaired clients have *less* than 20 hours of Personal Care services weekly. Personal Care services are indicated with an * on the SOC 293.

Maximums:

195 hours – Non-Severely Impaired – IHSS-R(2N) and IPW (2L)

Up to 283 hours – Severely Impaired - IHSS-R (2N) and IPW (2L); all PCSP cases.

Monthly Renewal Exception Report - CMIPS MANUAL XIV-dd-1

This report alerts staff to cases that have discrepancies between the MEDS and CMIPS cases.

The following discrepancies may appear on this report:

- MEDS CIN DOES NOT MATCH IHSS CIN
- MEDS SSN DOES NOT MATCH IHSS SSN
- MEDS DOB DOES NOT MATCH IHSS DOB
- MEDI-CAL SOC, BUT IHSS CASE NOT 18, 28 OR 68
- IHSS SOC GREATER THAN MEDS SOC
- IHSS SOC UPDATE REQUIRED
- MEDI-CAL ELIGIBILITY TERMINATED
- RECIPIENT ADMITTED TO LONG TERM CARE IHSS CASE NOT IN L STATUS
- RESIDUAL CASE IHSS SOC GREATER THAN NEED

Social Workers will need to review this report monthly and make corrections or take action as appropriate.

Daily Response Exception Report - CMIPS MANUAL PAGE XIV-cc-1

Produced daily and should be reviewed at least once a week.

This report alerts staff to differences between IHSS and Medi-Cal eligibility or case data. Social Workers are expected to review these reports and determine if action is required against the IHSS case.

If a case is reported in the following category, the indicated action should be taken:

- **MEDI-CAL ELIGIBILITY DENIED** – The Social Worker should verify how this denial of Medi-Cal eligibility impacts the recipient’s IHSS eligibility and take appropriate action.
- **MEDS DOB DOES NOT MATCH IHSS DOB** – When the DOB in MEDS and CMIPS does not match, Buy-Out and Spend-Down processing may be affected.
 - The Social Worker must verify DOB and make sure the appropriate system is updated. If necessary the recipient must be contacted and written verification of the correct date of birth obtained. If the DOB is incorrect in the Medi-Cal case, forward a copy of the documentation (such as a birth certificate or passport) to the Medi-Cal worker. The Medi-Cal Worker cannot update the Medi-Cal case without written documentation.

Residual Recipient Report - CMIPS MANUAL PAGE XIV-ii-1

This report will display all recipient cases under the Residual Program at the time the report is run. The report will be:

- Run every Friday.
- Available under Caseload Detail.

NO MEDS ELIG IN CMIPS - A connection has not been made with MEDS.

FFP=N – A MEDS connection has been made but there is no Federal Financial Participation

SSI/SSP Terminations - CMIPS MANUAL PAGE XIV-Z-1

Produced monthly; review and take action.

No Time Sheet Activity - CMIPS MANUAL PAGE XIV-M-1

Produced monthly; review and take action.

Provider 300 + Paid Hours - CMIPS MANUAL PAGE XIV-S-1

Produced monthly; review and take action.

Application/Approval/Denial/Termination - CMIPS MANUAL PAGE XIV-A-1

Produced monthly; review and take action.

Overdue Assessment Listing - CMIPS MANUAL PAGE XIV-P-1

Produced monthly; review and take action.

Meds Alerts

A MEDS alert notifies staff that a case has an inconsistency and needs to be reviewed; action on the case may be needed.

Critical Alerts

Alert Number	Alert Definition
1501	County ID/MEDS-ID Conflict
1502	County ID/Birthdates Conflict
1503	Client Index Number/MEDS-ID Conflict
1504	Client Index Number/MEDS-ID vs. County ID/MEDS-ID Conflict
1510	Transaction Failed MEDS Name/Birthdates Match Criteria
2003	MEDS-ID/Birthdates Conflict
2005	Transaction County-ID Does Not Match MEDS
2015	Recipient Already Active in Requesting County
2078	Recipient Already Active in Another County
2130	Deceased Per MEDS – Contact Your MEDS Liaison
9004	Active Medi-Cal Recipient – Deceased Per SSA Buy-In

Changes in Procedures

IHSS Aid Code Usage

The following chart will assist in assigning IHSS Tracking Aid Codes in Field A3 based on:

- The use of 10, 20 or 60 for SSI/SSP Status Eligible IHSS recipients.
- The use of only 18, 28 or 68 for Non-Status Eligible IHSS recipients.

Remember these Aid Codes are for IHSS tracking purposes only. CMIPS sends the Medi-Cal Secondary Aid Code to MEDS to identify a case as belonging to the IHSS caseload. The Secondary Aid Code is displayed in field F-2. The following chart represents the most commonly used aid codes for IHSS cases. This is not a complete list and other Medi-Cal Aid Codes may apply.

If the Current Code Is:	Assign Aid Code:
10	10
20	20
60	60
14, 16, 1H, 1E	18
6A, 24, 26	28
03, 3N, 6C, 6E, 6H, 6V, 6W, 7A, 30, 35, 36, 44, 47, 48, 49, 64, 66, 72	68

Entering New Cases in “R” Status

- All new IHSS cases are added to CMIPS in R (Report) status when an IHSS application is received.
- CMIPS assigns the Medi-Cal Secondary Aid Code (IHSS funding source) based on Medi-Cal eligibility and other recipient information.
- The correct funding source is needed to process the SOC “Buy-Out” and “Spend-Down”. For CMIPS to obtain this information from MEDS; both systems must be able to identify the same case.

- When cases are entered in “R” status, CMIPS *sends* IHSS case information to MEDS, and in turn *receives* the current Medi-Cal eligibility and Medi-Cal SOC information.
- Until MEDS eligibility information is received, all IHSS cases are assigned to the IHSS-R (2N) program.
- When MEDS information is returned, CMIPS will determine the IHSS funding source based on case information linked to specific months.
- Cases are placed in the IHSS-R program to allow provider payment as soon as possible.

IPW (2L), like PCSP (2M), is subject to Medi-Cal rules. The correct funding source needs to be identified as soon as possible. This allows federal funding to be obtained whenever there is Federal Financial Participation (FFP) eligibility. Medi-Cal rules do not allow full FFP Medi-Cal funding until eligibility has been determined.

- All cases not already determined eligible will be placed in the IHSS-R Program (2N) until that determination is completed.
- Manual adjustments to the funding source will not be allowed.

It is important that all cases be entered in “R” status so that funding can be determined at the earliest possible date.

Pseudo Social Security Numbers

If there is reason to believe that an applicant may be on MEDS with a pseudo SSN (even though the applicant has provided IHSS staff with a real SSN):

- Contact the Medi-Cal eligibility worker to enter the real SSN ***before beginning CMIPS “R” status data entry.***
- If the MEDS record has a pseudo SSN, the records will not match and will create an exception report.
- The “R” status case could be added to MEDS creating a duplicate record.

Required Fields

The following fields are required when entering an IHSS case in “R” status:

- Client Index Number (CIN)
- Social Security Number (SSN)
 - Pseudo SSN should not be used. CMIPS and MEDS will not be able match data during the systems’ interface.
- Applicant’s Name (Last Name, First Name, Middle Initial)
- Applicant’s Date of Birth (DOB)
- Applicant’s Gender
 - Resident Address (Street, City, State, ZIP Code)
 - Status = R
 - Referral Source

Adding IHSS Cases Using Recipient CIN Verification (CINV) Screen:

If the CIN and SSN in CMIPS and MEDS do not match:

- The IHSS IPW/PCSP case information is *not* entered into MEDS.
- MEDS eligibility is *not* returned to CMIPS.
- Assignment of the appropriate Medi-Cal Secondary Aid Code is not allowed.

To ensure that these data elements match:

- When the recipient's CIN is known, cases should be entered into CMIPS using the Recipient CIN Verification (CINV) screen.
- Using this process the CIN, SSN, recipient name, and DOB are pulled from the Statewide Client Index (SCI) into CMIPS.
- Since MEDS also interfaces with SCI, the data pulled into the CMIPS record should be the same data as in MEDS.

Detailed instructions for CINV processing are in the CMIPS 2000 User's Manual Section V-B, and Special Instructions, section XVI.

The X-20 Transaction-Forcing Initial Contact Between CMIPS And MEDS

When the initial contact between CMIPS and MEDS fails a link must be established to exchange information. MEDS will allow entry of the 2N Secondary Aid Code when this happens. This is the only code that can be entered manually for this purpose and can only be used once.